



**APPLICATION FOR ADMINISTRATOR
CERTIFICATE OF REGISTRATION**
NORTH DAKOTA STATE INSURANCE DEPARTMENT
SFN 16853 (9-2005)

INSTRUCTIONS

The answers provided in this application are submitted under oath. A license may be refused, or a license duly issued may be suspended or revoked or the renewal refused by the Commissioner of Insurance if he finds that the applicant for or holder of the license has perjured himself or attempted to obtain the license by fraud or misrepresentation.

All questions in this application must be answered legibly, responsively, and fully. Failure to do so will result in the application being rejected. If additional space is required to answer a question, attach a rider and specify the number of the question on that rider.

FOR DEPARTMENT USE ONLY

Type of License
Approved
Issued
Terminated
Expired

NDCC 26.1-27

TYPE OF LICENSE APPLIED FOR:	Individual	Partnership	Corporation	Association	Benefit Society	Limited Liability Company
Full Name of Applicant (Individual, Partnership, Corporation, etc.)						Federal ID Number
Principal Place of Business		City		State	Zip Code	Telephone Number
Business Address in ND (if principal office outside of ND)		City		State	Zip Code	Telephone Number
If Individual Applicant:		Social Security Number			Date of Birth	

The applicant certifies that:

1. The applicant shall not act as an administrator without a written agreement between the administrator and the insurer, and such agreement shall be retained as part of the official records of the administrator for the duration of the agreement and five (5) years thereafter;
2. Such written agreements shall contain provisions that include the requirements of Sections 26.1-27-05 through 26.1-27-06, inclusive, except for those requirements that do not apply to the functions performed by the administrator.
3. Where a policy has been issued, or shall be issued, to a trustee or trustees, a copy of the trust agreement and any amendments shall be furnished to the insurer by the administrator and shall be retained as part of the official records of the administrator for the duration of the policy and five (5) years thereafter;
4. The applicant has not had a previous application for an insurance license denied for cause within the past five (5) years;
5. The applicant has not had a previous application for registration as an administrator denied within the past five (5) years;
6. The applicant has not had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state, nor has such license been subjected to a monetary fine by any public authority or been withdrawn or surrendered to avoid disciplinary action;
7. The applicant has not had any judgment rendered against it in any court of any jurisdiction of the United States for its activities relating to the transaction of business as an administrator;
8. The applicant has not been declared insolvent or discharged from bankruptcy within the past five (5) years;
9. None of its officers and directors have been convicted in a criminal proceeding (excluding minor traffic violations) within the past ten (10) years;
10. The applicant has not had an insurance company cancel an administrative services agreement for any financial reason other than nonproduction;
11. Whenever an insurer utilizes the services of the administrator under the terms of the written contract as required above, the payment to the administrator of any premiums or charges for insurance by or on behalf of the insured shall be deemed to have been received by the insurer, and the payments of return premiums or claims by the insurer to the administrator shall not be deemed payment to the insured or claimant until such payments are received by the insured or claimant, and

The foregoing applicant deposes and says that he/she has executed this application, that he/she has read this application and knows the contents and attached; that to the best of his/her knowledge and belief the statements made in this application and in any rider attached are true and correct and are complete in every material respect and do not contain any statement which, under the circumstances under which it is made, would be false, or would tend to be misleading in respect to any material fact; and that he/she has read and understands the insurance laws of the State of North Dakota.

If Corporation, Association, Benefit Society, or Limited Liability Company:

Signature of President	Date	Name of President (Please Type)
Signature of Secretary	Date	Name of Secretary (Please Type)

If Partnership:

Signature of Partner	Date	Name of Partner (Please Type)
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If Individual:

Signature of Individual	Date	Name of Individual (Please Type)
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State of _____)
)ss
County of _____)

Notary Public

(Seal)

My Commission Expires _____